Expected Length of Stay

Length of stay will vary by individual needs as determined by the health care team. Patients should expect to return to their previous care setting within 60 days of admission. A Take Back Agreement may be required for inter-facility transfers.

Application Process

The Centralized Access (Intake and Referral) Process to Senior Specialty Hospital Beds is a single entry point for providing access to geriatric mental health beds at Baycrest, CAMH and Toronto Rehabilitation Institute within the Toronto Central Local Integration Health Network (TC-LHIN).

Please fax completed application forms directly to the TC-LHIN Centralized Intake and Referral Office at 416-506-0439. A physician or nurse practitioner must sign off the referral.

The inpatient mental health team reviews each application prior to admission for eligibility and appropriateness.

Please note that patient’s may be waitlisted, depending on bed availability. The period between a bed offer and admission to the program may be very brief, sometimes within 24 hours. For this reason, families should assess the feasibility of working within this timeframe as patients who refuse to accept the bed when offered may lose their priority status.

In the event of an urgent crisis, please visit your nearest Emergency Department

Contact Us

For more information, contact a social worker at 416-785-2500 ext. 2742.

Inpatient Psychiatry Program:

Updated: January 2021
Inpatient Psychiatry Program

The Inpatient Psychiatry unit is a short-stay hospital program focusing on assessment and treatment of mental health challenges in older adults. The interdisciplinary team works directly with clients and families to set treatment goals. Symptom control, counseling and therapeutic groups are key elements of the program. In addition, supportive counseling for families is provided.

Throughout the admission, the interdisciplinary team works in collaboration with clients and families to identify strategies and supports to be implemented at home with the aim of enhancing the confidence and ability of clients to manage mental health challenges and carry out activities of daily living post-discharge.

Goals of the program

The goals of the program are to stabilize mental illness; increase social as identified; enhance confidence and abilities in activities of daily living; and improve families’ and clients’ ability to cope and manage living with mental illness.

Admission Criteria

Inclusion

- Adults age 65 and older
- Clients with diagnosis of mental illness (e.g., major depression and bipolar disorder, anxiety disorders, psychotic disorders and mild cognitive impairment with associated psychiatric illness)
- The discharge plan and destination are identified and confirmed prior to admission.

Exclusion

- Dialysis
- Mechanical ventilation
- Bi-level Positive Airway Pressure (BiPAP)
- Cuffed Tracheostomy Tube
- Needs greater than 50% Oxygen
- Total parenteral nutrition (TPN)
- Bariatric equipment needs (300lbs+)
- Patients with significant behavioural disturbances associated with dementia or traumatic brain injury
- Patients requiring maintenance electroconvulsive therapy (ECT)
- Patients with complex medical needs that cannot be managed on a non-medical unit
- Patients requiring the following medical interventions will be assessed on a case-by-case basis:
  - Ongoing IV therapy
  - Patients with a tracheostomy
  - Patient with complex wounds
  - Enteral feeding
  - Oxygen needs greater than 50%
  - Acute medical problems
- Patients requiring extensive rehabilitation or physiotherapy
- Referrals for patients for whom a change in living situation or supportive housing accommodation are the main issue